

INTAKE FORM

Information & Consent

Client name _____

Street address _____

City, State & ZIP _____

Phone number () - _____ Date of birth ____ / ____ / ____

☐ client initial

YES - I want to be tested for HIV the virus that causes AIDS.

☐ client initial

NO - I do not want to be tested for HIV at this time.

This test result is confidential and will only be given to you in person. If your test result is reactive and/or positive, Utah State law requires that your name and result to be given to the Utah Department of Health for statistical tracking.

If you want anonymous HIV testing, which means that you will only be identified by a number, you must go to the Salt Lake Valley Health Department located at: 610 south on 200 East in Salt Lake City.

This HIV test will be performed by collecting a tissue sample, a blood draw or a finger stick, and may be used for additional testing, which may include but is not limited to: EIA, HAV, HBV, EBV, etc. I understand the information listed above and

I understand the information listed above and participate in HIV testing of my own free will and will not hold this agency responsible for any and all future claims.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE - INTERNAL USE ONLY

L A B E L		[] EIA <u>or</u> [] Rapid
		[] venipuncture specimen [] finger stick specimen [] oral specimen
P R E	Printed Name _____	
	Signature _____	Date _____
P O S T	Printed Name _____	
	Signature _____	Date _____

PROGRESS NOTES

[illegible]